

## APPLICATION TO REVISE APPROVED PLANS

Receipt Number _____	
Date Submitted _____	
Approvals:	
Planning (initials) _____	Date _____
Code (initials) _____	Date _____
.....	
Application Fee _____	
Total Fee _____	
Amount Due _____	

PERMIT NUMBER \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_ APPLICANT'S TITLE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

NAME OF OCCUPANT/BUSINESS \_\_\_\_\_

TYPE OF REVIEW:    ☐ Commercial                      ☐ Residential

EXTENT OF REVISION: (check where applicable)

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Mechanical    | <input type="checkbox"/> Gas        | <input type="checkbox"/> Occupancy  |

Increase of square footage from original permit (if applicable): \_\_\_\_\_ SQ.FT.

Increase of number of fixtures/equipment from original permit:

Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_

ADDITIONAL COMMENTS

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### SUBMISSION REQUIREMENTS

1. Application form with two (2) copies of revisions
2. Revisions stamped and signed by architect/engineer

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVALS/ INSPECTIONS	REQUIRED		RECEIVED	PERMIT	CODE #	DATE	FEE
	YES	NO					
Zoning/Planning				Building/Razing	420-230		
Fire Marshal				Electrical	420-250		
Health Department				Revision Fee	420-230		
City Building Inspection				Mechanical	420-330		
WSSC				Occupancy	420-290		
BOCA Energy							
City Electrical Inspection							
Other							

**APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONDITIONS** \_\_\_\_\_

\_\_\_\_\_

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